

**IN KIND CAMPAIGN  
EXPENSES**Report Period **#**

Name (print)

Office (if applicable)

District (if applicable)

**IN KIND****Expenses of \$100 or Less**

<b>DATE OF EACH IN KIND EXPENSE</b>	<b>VALUE OR COST OF EACH IN KIND EXPENSE</b>	<b>DESCRIPTION OF EACH IN KIND EXPENSE</b>

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Prescribed by Secretary of State  
NRS 294A.120, 294A.140, 294A.150  
294A.200, 294A.210, 294A.220, 294A.362